## UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No. 242232US0CONT

First Inventor or Application Identifier Hiroyuki YOKOI

Title METHOD FOR ASSAYING WHOLE BLOOD

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents			ADDRESS T	Alexandria, Virginia 22313						
1.		Fee Transmittal Form (e.g. PTO/SB/17) (Submit an original and a duplicate for fee processing)	1	COMPANYING APPLICATION PARTS						
	_	<u></u>	7. 🔳 Assig	nment Papers (cover sheet & document(s))						
2.		Specification Total Sheets 41	8. 🔳 Appli	cation Data Sheet. See 37 CFR 1.76						
			9. 🗆 37 C.	F.R. §3.73(b) Statement Power of Attorney						
3.		Drawing(s) (35 U.S.C. 113) Total Sheets	10. 🗆 Engli	sh Translation Document (if applicable)						
				mation Disclosure ment (IDS)/PTO-1449 Copies of IDS Citations (3)						
<sup>p</sup> 4.		Oath or Declaration Total Pages 2	12. Prelir	minary Amendment						
	a.	Newly executed (original or copy)		Advance Serial No. Postcard						
	b.	Copy from a prior application (37 C.F.R. §1.63(d)) (for continuation/divisional with box 17 completed)	14. Certif	tified Copy of Priority Document(s) reign priority is claimed)						
		<ul> <li>i. DELETION OF INVENTOR(S)         Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §1.63(d)(2) and 1.33(b).     </li> </ul>	15.   Applicant claims small entity status.  See 37 CFR 1.27							
5.		CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)	16. Other							
6.		Nucleotide and/or Amino Acid Sequence Submission		Request for Priority						
٥.	<u> </u>	(if applicable, all necessary)  ☐ Computer Readable Form (CRF)								
		Specification or Sequence Listing on :								
		i. $\square$ CD-ROM or CD-R (2 copies); or								
		ii.  Paper								
	C.	☐ Statements verifying identity of above copies								
17.	fa (	CONTINUING APPLICATION, check appropriate box, and supply	the requisite infor	mation below:						
■ Continuation □ Divisional □ Continuation-in-part (CIP) of International Application No. March 7, 2002 PCT/JP02/02139:										
Prior application information: Examiner: Group Art Unit:										
For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.										
18. CORRESPONDENCE ADDRESS										
Customer Number										
22850										
(703) 413-3000 FACSIMILE: (703) 413-2220										
_	Nan	ne: Norman F. Oblon		Registration No.: 24,618						
Signature: Date: 9/8/03										
	Nan			Registration No.: 27/13						
	_									

Docket No.

242232US0CONT

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

INVENTOR(S) Hiroyuki YOKOI

SERIAL NO:

**New Application** 

FILING DATE: Herewith

FOR:

METHOD FOR ASSAYING WHOLE BLOOD

## FEE TRANSMITTAL

COMMISSIONER FOR PATENTS ALEXANDRIA, VIRGINIA 22313

FOR	NUMBER FILED	NUMBER EXTRA	RATE			CALCULATIONS
TOTAL CLAIMS	15 - 20 =	0	х	\$18	=	\$0.00
INDEPENDENT CLAIMS	3 - 3 =	0	х	\$84	=	\$0.00
☐ MULTIPLE DEPENDEN	+	\$280	=	\$0.00		
☐ LATE FILING OF DECL	+	\$130	=	\$0.00		
	\$750.00					
	\$750.00					
☐ REDUCTION BY 50% F		\$0.00				
☐ FILING IN NON-ENGLI	+	\$130	=	\$0.00		
■ RECORDATION OF ASS	+	\$40	=	\$40.00		
				TOTA	ΑL	\$790.00

- ☐ Please charge Deposit Account No. <u>15-0030</u> in the amount of **\$0.00** A duplicate copy of this sheet is enclosed.
- A check in the amount of \$790.00 to cover the filing fee is enclosed.
- ☐ Credit card payment form is attached to cover the filing fee in the amount of
- The Director is hereby authorized to charge any additional fees which may be required for the papers being filed herewith and for which no check or credit card payment form is enclosed herewith, or credit any overpayment to Deposit Account No. 15-0030. A duplicate copy of this sheet is enclosed.

Respectfully Submitted,

OBLON, SPIVAK, McCLELLAND, MAIER & NEUSTADT, P.C.

24,618

Norman F. Oblon

Registration No.

Customer Number

Tel. (703) 413-3000 Fax. (703) 413-2220 (OSMMN 05/03)